


KEARNY NJ 07030

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: <i>Elizabeth Fagan</i> <i>10 Perneliff Terrace</i> <i>Short Hills, NJ 07078</i></p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Ed. Fagan</i> Date of Delivery <i>3/2/08</i></p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter delivery address below:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">  </div> <p>3. Service Type: <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>PS Form 3811, February 2004 Domestic Return Receipt</p>	

102595-02-M 540

UNITED STATES POSTAL SERVICE

28 MAR 2008 PM 5:11

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

William T. Walts
50 Walnut St.
Newark, NJ 07102
08-cv-640 (PGS) LC 3/26/08

March 26, 2008